

# EXHIBIT D

IN THE UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF TENNESSEE  
NASHVILLE DIVISION

MARGARET CRAIG, as next of	)	
kin and personal representative	)	
of the estate of Angela Hulsey,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	No. 3:17-cv-01335
	)	JURY DEMAND
	)	JUDGE CAMPBELL
CHEATHAM COUNTY, TENNESSEE,	)	MAGISTRATE HOLMES
et al.,	)	
	)	
Defendants.	)	

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The deposition of  
JESSICA (PLANK) TREICHLER  
January 3, 2019

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TAMI R. WEBB, RPR, LCR, CCR  
ACCURATE COURT REPORTING  
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1 Q. I think we --

2 A. -- than ten years.

3 Q. I think we've gotten to it now, so...

4 And what did you do for the school system?

5 A. I was a school nurse in their clinics.

6 Q. Any particular school or did you --

7 A. I was all over the county.

8 Q. Okay. Other than QCHC, did you ever have  
9 employment as a nurse working at a jail or prison or some  
10 type of correctional facility?

11 A. Yes.

12 Q. Okay. So let's talk about that.

13 A. DeBerry.

14 Q. In Nashville?

15 A. Uh-huh, yes.

16 Q. Okay. And do you know approximate dates or about  
17 when?

18 A. I left in December of '98 and I worked there  
19 approximately a year.

20 Q. And why'd you leave?

21 A. Family. My mother was terminally ill.

22 Q. Okay. Other than DeBerry, any other correctional  
23 jobs other than QCHC?

24 A. No.

25 Q. I thought I saw somewhere that you had been

1 certified in correctional medicine?

2 A. That's correct.

3 Q. When did that take place?

4 A. April of '16.

5 Q. 2016?

6 A. Yes.

7 Q. Okay. And so that was after you started working  
8 for QCHC?

9 A. Yes.

10 Q. Okay.

11 A. It's an optional certification that I chose to  
12 study for.

13 Q. I'll ask you about that process in just a second.

14 When you worked for QCHC, did you work for one jail  
15 or multiple jails?

16 A. One jail.

17 Q. It was all Cheatham County?

18 A. That's correct.

19 Q. Okay. All right. Jumping back to QCHC then, I  
20 think you mentioned that you started working in July of 2015.  
21 What was the reason you chose to work for QCHC?

22 A. I don't know. New challenges.

23 Q. All right. What training, if any, did QCHC provide  
24 you upon your employment with them?

25 A. I had three weeks of onsite training with one of

1 their corporate nurses.

2 Q. Was that at Cheatham County?

3 A. That was.

4 Q. Okay. Do you remember who the corporate nurse was?

5 A. I can see her. I don't know her name right off the  
6 top of my head, no.

7 Q. Do you know what level of nursing she was?

8 A. She was an LPN.

9 Q. Okay. Tell me about the three weeks onsite  
10 training. What -- what did you do during that three weeks?

11 A. Went through normal routines, policies and  
12 procedures, protocols, standing orders, training on specific  
13 equipment such as their specific EKG machine, training on how  
14 typically the day goes, how to function within the jail, tips  
15 on making sure that COs were with you, things like that.

16 Q. For security purposes?

17 A. Yes.

18 By the way, I'm sorry. Let me back up. Tabitha  
19 Sexton was her name.

20 Q. Oh, okay.

21 A. I knew it would take me a minute.

22 Q. Do you know if she's still with QCHC?

23 A. No, she's not.

24 Q. Okay. Do you know when she left?

25 A. Not exactly. It was shortly after my training.

1 doctor would sign off on it the next time he came in.

2 Q. Okay. And who was the doctor who would be -- I  
3 don't know, is "supervising" doctor the right term to use in  
4 this context?

5 A. As appropriate as any, yes.

6 Q. Okay. Who was the supervising doctor back in  
7 October of 2016 for the Cheatham County Jail?

8 A. If I recollect correctly, Dr. Donald Kern.

9 Q. Okay. And do you know what his schedule in  
10 visiting the jail was?

11 A. I don't recall.

12 Q. I know we have a contract that says he was to be  
13 there once a week.

14 A. That's correct.

15 Q. Do you know what day of the week he would show up?

16 A. I don't remember. It's been too long. And every  
17 provider's schedule was different.

18 Q. Okay. So just so I'm clear: If you applied the  
19 headache protocol, for example, and it permitted you to give  
20 an over-the-counter medication, the next time the doctor  
21 would arrive at the jail, he still would sign off on that?

22 A. That's correct.

23 Q. Giving of the over-the-counter medication?

24 A. That's correct.

25 Q. Okay. All right. And so that would be your --

1 Q. Did any of the staff at the jail tell you that they  
2 believed Ms. Hulsey was detoxing or coming off drugs?

3 A. No.

4 Q. Did you have any independent belief that she may  
5 have been detoxing or coming off drugs?

6 A. I repeatedly asked her.

7 Q. Did you ask because you had a belief that she might  
8 have been?

9 A. I ask because I ask everyone.

10 Q. All right. You ask everyone in general or do you  
11 ask every --

12 A. Yes, everyone in general.

13 Q. -- everyone who has a complaint and needs to see  
14 you?

15 A. No, everyone in general.

16 Q. All right. Were there any observations you made of  
17 her that made you have a belief that she may have been coming  
18 off drugs?

19 A. Just questioning if she was telling me the truth  
20 about her bowels.

21 Q. In what way could that be significant to whether or  
22 not she was coming off drugs?

23 A. It's one -- loose stools can be a sign of detox,  
24 coupled with other symptoms.

25 Q. What other symptoms?

1 A. For example, nausea and vomiting.

2 Q. Do you know if she had nausea and vomiting?

3 A. She never asked -- told me she did.

4 Q. Did you ever observe her have nausea --

5 A. No.

6 Q. -- or vomiting?

7 Any other symptoms?

8 A. Perfuse sweating, goose bump skin, using the COWS  
9 scale.

10 Q. All right. Did you ever observe her having  
11 sweating or...

12 A. No.

13 Q. Aside from your notes, do you have an independent  
14 recollection of your direct contact with Ms. Hulsey?

15 A. I remember her.

16 Q. Okay. When was the first time that you had any  
17 interaction with her regardless of whether it was around this  
18 time or even before?

19 A. No, the 10th.

20 Q. Okay. And what -- what's your first recollection?

21 A. The conversation that I have documented.

22 Q. So your only recollection is exactly what's in your  
23 notes?

24 A. Yes.

25 Q. You have no other recollection of this beyond that?



1 All right. So that -- you're just following your  
2 normal procedure?

3 A. Just normal healthcare, yes.

4 Q. All right. Did you ever review whether or not any  
5 sick calls or those electronic complaints or even paper  
6 complaints were made by Ms. Hulsey or on her behalf?

7 A. I don't remember seeing any.

8 Q. What do you recall in terms of her specific  
9 requests for medical attention on the 10th?

10 A. If I'm not mistaken, it was just that she had loose  
11 bowels and she needed Pull-Ups.

12 Q. Does -- having those types of undergarments, does  
13 that have to come through the nurse's office or is that  
14 something the jail can handle?

15 A. That's actually nothing that they keep on hand. I  
16 used to keep them in the clinic if needed.

17 Q. So her only complaint to you was that she had loose  
18 bowels?

19 A. That I remember. Without looking at my notes, I  
20 cannot testify specifically.

21 Q. And based on that information, you chose not to  
22 contact the supervising physician on the 10th. Correct?

23 A. That's correct.

24 Q. Was she already placed in medical observation at  
25 that point?

1 Q. Did you receive any reports from any of the  
2 corrections officers that she had had bowel control issues at  
3 the jail?

4 A. Yes.

5 Q. How many times?

6 A. I know that she was brought back up to booking the  
7 night of the 11th because she had bowel control in the dorm  
8 and the other inmates were complaining about it.

9 Q. Do you know whether or not Ms. Hulsey was reported  
10 to have sweating during her detention at the jail?

11 A. Not that I recall.

12 Q. Do you know whether or not it was reported -- or  
13 that she reported having weakness during her detention?

14 A. Not that I recall.

15 Q. Do you know if she had -- if she was too weak to  
16 even be able to bathe herself?

17 A. Not that I recall.

18 Q. Do you know if Ms. Hulsey had any skin  
19 discoloration during her time at the jail?

20 A. Not that I recall.

21 Q. I don't mean to make this a trick question, but I  
22 think in one of your reports you do mention that her  
23 fingertips turned blue. You don't recall that?

24 A. I would have to see the report.

25 Q. Okay. But you don't personally recall whether --

1           A.    After speaking with the inmate to find out if this  
2 was, again, an acute or a chronic thing for them, then if it  
3 was acute or they couldn't explain, that it's something  
4 that's just all of a sudden come on, of course, I would talk  
5 to the doctor about it. But I never observed Ms. Hulsey  
6 being weak.

7           Q.    And none of the jail staff reported to you that she  
8 was weak?

9           A.    No.

10          Q.    Did any of the jail staff report to you that she  
11 had difficulty with bathing and had to receive help bathing  
12 herself?

13          A.    No.

14          Q.    How would your care have been different -- I may  
15 have asked you this. But how would your care have been  
16 different if you had been informed that she had suffered a  
17 seizure during her detention, again, while you were not  
18 there?

19          A.    I would have questioned her if she was on any  
20 medications for a seizure disorder and reported it to the  
21 physician. Just because someone has a seizure does not mean  
22 they automatically go to the emergency room.

23          Q.    So if she didn't have a history of seizure  
24 disorder --

25          A.    I would contact the physician, let him know, and

1 then follow his orders.

2 Q. If she did have a history, what would you have  
3 done?

4 A. I would have still put it in the assessment after  
5 talking to her: if she had a history, "Are you injured?"  
6 You know, "Did you hurt yourself?" "Did you bite your  
7 tongue?" "Did you hit your head?" If all of those things  
8 were no, my conclusion then would be, "Are you on any  
9 medication for seizures?" Either get orders to what she's on  
10 or let the doctor know so she could be put on something.

11 Q. Is it fair to say, then, that no matter what would  
12 have happened, contacting the doctor would have --

13 A. Would have happened.

14 Q. -- taken place after report of a seizure?

15 A. Right.

16 Q. Okay. Do you know of anyone, including yourself,  
17 who was involved in Ms. Hulsey's care, her supervision, was  
18 either fired, disciplined, or reprimanded in any way?

19 A. Rephrase that. I'm not sure what you mean.

20 Q. Let me ask it this way. Are you aware of anybody  
21 at the jail, jail staff -- we'll exclude medical staff for  
22 this question right now -- who was reprimanded or fired or  
23 disciplined in any way as a result of the incident  
24 involving --

25 A. As a result of this incident, no.

1 the encounter that we just talked about?

2 A. Probably right around the same time sitting and  
3 doing her paperwork.

4 Q. All right.

5 A. As I said, I was getting prepared for her  
6 assessment.

7 Q. And as I understand it, the headache protocol was  
8 initiated the night before?

9 A. Yes, and I have that noted on the top of it.

10 Q. Right.

11 If we can, we'll go through the handwritten stuff  
12 just so I make sure that I can read what's there. So what is  
13 the note that you were just talking about?

14 A. At the very top, it's -- I have it starred saying,  
15 "start of protocol, 10/11/16, as evening shift reports."

16 Q. Okay. And then that corresponds to the note  
17 regarding Mark Bryant's telephone call to you?

18 A. That's correct.

19 Q. And you gave him instructions to administer the  
20 Tylenol?

21 A. That's correct.

22 Q. Okay. The first item on there says, "cause of  
23 headache," and what does that say?

24 A. "Unsure, doesn't feel well."

25 Q. And it says "how long?" and what does that say?

1 Q. So what's "BT" stand for?

2 A. Where?

3 Q. Out beside that. There's B-L-S-B-T.

4 A. Bedtime.

5 Q. Bedtime. Okay. So that indicates generally the  
6 time that the medication would have been given?

7 A. Yes.

8 Q. All right.

9 A. That is only -- those boxes are only used when the  
10 COs give medications. And the inmates, they initial it when  
11 they receive it.

12 Q. All right. Then there's charting that says  
13 "October 1st through October 31st"?

14 A. Uh-huh.

15 Q. Physician is Kern.

16 A. Uh-huh.

17 Q. Do you know if Dr. Kern ever reviewed any of this  
18 stuff as part of treatment? I'm not talking about later on  
19 after --

20 A. No, not at that point.

21 Q. Okay. And then has her date of birth.

22 And then room number is "BK." Is that for booking?

23 A. Booking.

24 Q. Now, take us to the 12th. You were talking about  
25 that at first.

1 actually, in fact, had a bowel movement?

2 A. No.

3 Q. You put in here, "Rerequested booking sheet for  
4 inmate of Corporal Moore"?

5 A. Uh-huh.

6 Q. Is that because you had requested it the day before  
7 and it had not been provided?

8 A. That I had requested it at some point and hadn't  
9 been provided.

10 Q. I think we went over your nurse's notes that you  
11 had requested it the day before, and so I'm assuming you had  
12 not been provided it that day.

13 A. At that point.

14 Q. You say, "Advised inmate will do intake after she  
15 has completed shower." Is that the assessment, you mean?

16 A. No. If you look at the whole sentence:  
17 "Rerequested booking sheet for inmate of Corporal Moore to  
18 follow up with intake to get better idea of what is happening  
19 with inmate and advised inmate will do intake after she has  
20 completed shower."

21 Q. She had already had the intake done at this point?

22 A. My intake.

23 Q. Is that your assessment?

24 A. Yes.

25 Q. Okay. You have, "It was noted that inmate did

1 participate in shower with CO to clean up and placed on  
2 undergarment."

3 A. Yes.

4 Q. Is that based on your observation?

5 A. Yes.

6 Q. Okay.

7 A. Her hair was wet and the undergarment was in place.

8 Q. When did you notice that?

9 A. When she was down.

10 Q. So after you --

11 A. My last contact with Ms. Hulsey.

12 Q. Okay. After she was already nonresponsive?

13 A. Yes.

14 Q. Okay. The note here about "Approximately 9:10  
15 Corporal Moore to cell three to let inmate Hulsey know to get  
16 ready for court," do you know what court she was to get ready  
17 for?

18 A. No. I didn't even know she had court. That was  
19 not unusual.

20 Q. You say you heard Corporal Moore call more than  
21 once?

22 A. Uh-huh.

23 Q. Did you hear any of the inmates or other detainees  
24 call for help?

25 A. No.



1 Q. At any time did any of the inmates or other  
2 detainees ask you for help for Ms. Hulsey?

3 A. No.

4 Q. Did you ever observe any of the inmates or other  
5 detainees ask for help for Ms. Hulsey of one of the other  
6 jail staff?

7 A. No.

8 Q. When you entered the cell, you note that she was  
9 drooling with her head to the left?

10 A. That's correct.

11 Q. But was breathing. Can you describe her breathing?

12 A. Not if I didn't put it in my notes, no.

13 Q. So you don't know if her breathing was slower than  
14 normal or more rapid than normal?

15 A. No, I don't know.

16 Q. You say, "When spoken to, she would blink eyes but  
17 not verbally responsive"?

18 A. That's correct.

19 Q. What types of questions or communication were you  
20 making with her that she would blink her eyes?

21 A. Like I would any other person that was  
22 unresponsive: say their name, tap their shoulder, try and  
23 get a response out of them.

24 Q. And you felt that the blinking was responsive to  
25 the --

1           A.    It's not indicative that there's not an emergency  
2 situation, but that she was slightly responsive at that  
3 point.

4           Q.    She was aware that you were trying to  
5 communicate with her?

6           A.    No, I didn't say she was aware. I said her body  
7 was physically responsive if she's blinking.

8                    You have a neuro response that -- to touch or  
9 stimuli that you typically --

10          Q.    Sure.

11          A.    -- will do that.

12          Q.    And I -- I guess my question is: Is this notation  
13 indicative that you felt her blinking was responsive to your  
14 speaking to her?

15          A.    In response to speaking. That doesn't mean she was  
16 oriented or alert. Her body was physically responding to  
17 outside stimuli.

18          Q.    Okay. You administered an ammonia capsule?

19          A.    We tried that, yes.

20          Q.    And you said she was nonresponsive?

21          A.    To that.

22          Q.    What type of response would you have expected?

23          A.    For her to gasp for breath and open her eyes.  
24 That's what usually happens.

25          Q.    Were her eyes not already open?

1 A. I don't remember.

2 Q. Okay.

3 A. Unless it's documented here, I don't remember.

4 Q. Okay. How would she blink if her eyes were open?

5 Would she blink open or --

6 A. No.

7 Q. -- with them closed?

8 A. No, you can still blink and have your eyes closed  
9 or have a flutter reaction. And I don't remember  
10 specifically whether she blinked with them open or shut.

11 Q. All right. At the time that you came into the  
12 cell, she was sitting up?

13 A. Yes, she was leaned against the wall.

14 Q. All right. And then you laid her down?

15 A. That's correct.

16 Q. Okay. Did you have help doing that or was that  
17 just you?

18 A. Just me.

19 Q. Okay. At that point, your note says that you note  
20 the tips of her fingers were cyanotic?

21 A. Yes.

22 Q. That means they were blue?

23 A. At that time, yes.

24 Q. Okay. You tried to get a pulse ox. Is that just  
25 the electronic --

1 A. Yes.

2 Q. -- device you put on the tip of your finger?

3 A. Yes.

4 Q. And you could not get a reading?

5 A. That's correct.

6 Q. And you noted the breathing attempts. Is that her  
7 breathing attempts?

8 A. Yes.

9 Q. Were agonal?

10 A. Agonal.

11 Q. Agonal?

12 A. Uh-huh.

13 Q. What do you mean by that?

14 A. Layman's term for that is a death rattle. It's  
15 very noisy, very labored breathing.

16 Q. Okay. You say the pulse went weak?

17 A. Uh-huh.

18 Q. What does that mean?

19 A. I said "pulse present but weak."

20 Q. But weak.

21 A. In other words, it's very soft or very subtle under  
22 the skin. I must have had trouble finding it.

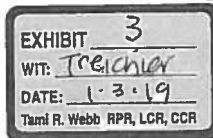
23 Q. You could detect a pulse but it was --

24 A. Weak.

25 Q. -- difficult --

NURSES NOTES			
DATE	TIME		
10/10/16		<p>Im reports when I arrived that she arrived last week - and what she has had BM "all over" asked Im if she was asking she stated "No" - this is a common problem I have had for 4 or 5 years vis done 11/11/16 P-50, P-12, P-0x-97%. Requested that co assist with Im to clean self - Let Im know to be on Med obs until we could make sure she would do ok - Requested Booking sheet (Note @ some point over weekend Im was in room + had BM - "Everywhere" therefore was brought to booking + placed on Med obs - Im states she feels better - begging to go to back - Im calmative + active - says would rather lie in back where she would move around better - I told her as long as feeling well - I would let co/says know - Visually Im does look better + more active. (J. L. O. U. P.)</p>	
10/11/16	Evening	<p>Says Mark Request called Im @ feeling well - Seems to be "panicking" Can't to have issues @ BM - therefore again Brought to Booking Back on Med obs - HA protocol used Will Flu @ Intake (J. L. O. U. P.)</p>	
NAME- LAST		FIRST	MIDDLE
Hulsey,		Angela	
		ID #	DOB
			3-3-82

**QCHC**  
QUALITY CORRECTIONAL HEALTH CARE



HULSER 62115 NUR

# NURSES NOTES

DATE	TIME			
10/17/16	8:30 <sup>44</sup>	<p>IM out of cell + @ Booking room as not feeling well - Reported to Nurse that feels (Corporate stated) IM panicking - appeared IM - V/S taken B/P 110/60, P. 92, O2 97, 218 appears to be hyperventilating, reassured to calm self + control Breathing, asked if she wanted the second dose of tylenol for HA (per protocol) She stated yes - top of head hurt also discussed another BM in self - &amp; didnt embarrassing - asked her where was pull up - she states CO's didn't give - told her - I couldn't give shower but would have CO come - take cuffs off + give shower. She then stated "im going to die" told IM she was not going to die - told her to control Breathing - asked her again if she had been using anything Admitted Heroin + <sup>ED</sup> <del>then</del> fentanyl told her after shower would see her to see what else could be done to make her more comfortable. CO Stephanie was to come + give shower - 2 pull ups given to assist to loose stool. <del>Remember</del> to cont. med ob.</p>		
NAME- LAST	FIRST	MIDDLE	ID #	DOB
Hulsey	Angela			

**QCHC**  
QUALITY CONNECTIONAL HEALTH CARE

02/11/16 NUR  
HULSEY 0050

Name _____ Last First Middle Initial	Inmate # _____
Date _____ Allergies _____	Facility _____
SIG.	
Physician Signature: _____	

4

Name _____ Last First Middle Initial	Inmate # _____
Date _____ Allergies _____	Facility _____
SIG.	
Physician Signature: _____	

3

Name _____ Last First Middle Initial	Inmate # _____
Date _____ Allergies _____	Facility _____
SIG.	
Physician Signature: _____	

2



Name <u>Hulsey, Angela</u> Last First Middle Initial	Inmate # _____
Date <u>10/11/16</u> Allergies _____	Facility _____
SIG. <u>Tylenol 325mg <del>it</del> PO BID x 24 h</u>	
Physician Signature: _____	

1

NURSING  
PROTOCOL

**QCHC**  
QUALITY CORRECTIONAL HEALTH CARE

0211NU-POR  
HULSEY 0052

Apx: 8:30 Called to side of inmate: who was sitting at the booking counter handcuffed to bar. Inmate reported not feeling well, and breathing heavily, V/S were taken B/P 110/60, P 92, O2 97, R 18, IM reassured, and explained to slow her breathing that this would make her feel worse. Asked IM if she had eaten today, she stated she could not eat as it was "going right through her" reminded IM that she must encourage herself to drink and eat as she can, as this was very important in making her feel better. To which IM did attempt to calm self. Asked IM again if she had been using any drugs prior to coming in, and now states that she had used Heroin and fentanyl. She asked for Tylenol for head and discomfort, Two 325 mg Tylenol given. At this time it was also noted that IM had a bowel movement on self, (See notes on Monday the 10<sup>th</sup> concerning ongoing issue with bowels) Explained to IM that I would have CO come and assist her with shower, and provided IM with Two Pull up style under garments, (one for after shower and one for later if needed.) Re-requested Booking sheet for IM of Corporal Moore, to follow up with Intake to get better idea of what is happening with IM. And advised IM will do Intake after she has completed shower.

It was noted that IM did participate in shower with CO to clean up and placed on undergarment.

Apx: 9:10 am Corporal Moore to cell 3 to "let IM Hulsey know to get ready for court" I did hear Corporal Moore call for her more than once, and I got up to see what was happening due to his repeated requests for her attention.

Upon entering cell, IM was sitting up, with legs crossed underneath her, with both hands between legs. She was noted to be drooling with head to the left, but was breathing. When spoken to she would blink eyes, but not verbally responsive. Requested gloves and ammonia capsule and pulse OX, to which she was non responsive to ammonia capsule. IM was then laid down on Left side being careful of her head as she was very close to the wall, after laying IM on side, it was noted that her Finger tips were cyanotic, did attempt pulse OX but no reading noted, at this time, breathing attempts were noted to be agonal, pulse present but weak, therefore, Called corporal for EMS, and started CPR, AED was not obtained by CO as Ambu bag was obtained first and brought to cell, and EMS response was VERY quick (called 9:12 / In building and room at 9:15) CPR preformed as per policy, alternating with Rescue Breathing and Compressions. With use of Ambu Bag. Upon EMS arrival, they took over CPR, and used their AED, which advised NO Shock Needed (X2), and to continue CPR. At this time there appeared to be no change in IM condition. EMS loaded IM to stretcher and applied an "automatic CPR" Belt style equipment to IM. She was loaded in ambulance at 9:23 am and taken to Local Hospital. At the time of writing of this report, I have been told per Corporal that reported to him that she was being transferred from Local Hospital (CMC Ashland City) that she is stable, and is being transferred to Skyline hospital in Nashville.



*Jessica Cloninger*

HULSEY 0110